

Case Number:	CM15-0133301		
Date Assigned:	07/21/2015	Date of Injury:	03/29/1996
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 76 year old male, who sustained an industrial injury on 3/29/96. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic pain syndrome; spinal enthesopathy; fasciitis, sciatica; lumbar radiculopathy. Treatment to date has included physical therapy; TENS unit; lumbar epidural steroid injection (1/24/14); medications. Currently, the PR-2 notes dated 5/20/15 indicated the injured worker complains of lower back pain. Pain is said to be radiating down into the legs bilaterally more on the right than left. He also has pain in the right hip. The pain increases and decreases with certain body movements and decreased with rest and medications. The pain is rated at 6/10 without medications and 3/10 with medications. On physical examination the provider notes cervical, thoracic, lumbar, lumbar spinal pain with tenderness over the lumbar paraspinals. He has lumbar facet tenderness at L4-S1 with positive lumbar facet loading maneuvers. The lower extremity sensory exam indicates significant improved sensation of the right anterolateral thigh and leg. Straight leg raise is normal bilaterally. His urine drug screening notes he is compliant per the prescribed medications. The provider documents the injured worker has failed multiple conservative therapies including physical therapy, NSAID, TENS and various medications trials for greater than 6 months without benefit. He is a status post epidural steroid injection of 1/24/14 with greater than 80% improvement in the lumbar radicular pain. He also reports having residual axial back pain not being addressed by the epidural steroid injection reporting achy in nature and constant. On 3/5/14 he received a lumbar L4-S1 bilateral facet joint injection with total resolution of his axial pain for 6 months. Now his radicular pain alleviated and with the residual axial lower back pain he is requesting a repeat of the lumbar facet joint injections. The

provider is seeking authorization for the bilateral L4-L5 and L5-S1 facet joint injections and a refill of medications. The provider is requesting authorization of Glucos/Chond tab complex #120 and Methylprednisone pak 4mg #21.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Methylpred pak 4mg #21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral Corticosteroids Section.

Decision rationale: The MTUS Guidelines do not address the use of oral corticosteroids for the use of chronic pain. The ODG does not recommend the use of oral corticosteroids for chronic pain, except for polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Oral corticosteroids are recommended in limited circumstances for acute low back radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). In this case the injured worker has chronic back pain. There is no acute flare up of pain, therefore, the request for Methylpred pak 4mg #21 is not medically necessary.

Glucos/Chond tab complex #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Section Page(s): 50.

Decision rationale: The MTUS Guidelines recommend glucosamine and chondroitin as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the available documentation does not provide evidence that the injured worker is being treated for arthritis or knee osteoarthritis, therefore, the request for Glucos/Chond tab complex #120 is not medically necessary.

